

Junior Leader

• Application Form •

The City of Mountain View welcomes an enhanced teen summer volunteer program: Junior Leaders. The Junior Leader program is a fun, dynamic, and skill building program that combines advanced training with a service opportunity. Following a one week professional development training, teens will join City of Mountain View summer camps to engage with youth, lead activities, and shadow staff. Junior Leaders is free of cost to participants.

Junior Leaders is not only a great way to fulfill community service requirements, but it also provides teens with the opportunity to develop job skills. Such skills include: public speaking, customer service, conflict resolution, leadership, adaptability, time management, and more. Additionally, teens will have the opportunity to explore career and college venues through a series of guest speakers and tours.

Teen Applicants must meet the following criteria:

- Able to attend the mandatory In-Service from June 4th-8th, 2018
- 13-17 years old over summer 2018
- Able to commit to volunteer an average 35 hours during summer (minimum of a one week period)
- Interest in working with youth in summer camp programs
- Complete all forms (application, questionnaire, and 2 non-familial recommendations) and turn them in by Monday, April 2, 2018 at 5:00 p.m. Turn-in locations listed below.

For more information, please call Maureen Grzan-Pieracci, Recreation Coordinator, at (650) 903-6404 or email at maureen.grzan-pieracci@mountainview.gov.

Please take time to complete the application fully.

Have a trusted person check and double check your application for both spelling and grammar mistakes.

Remember >> Good applications take time to complete. Expect to work on an application for an hour or more to ensure the best quality. Please complete the application in pen.

Return Application and TWO Recommendations (non-familial) to:

Mountain View Senior Center—266 Escuela Avenue, Mountain View, CA 94040 (Monday-Friday 8:30 a.m.-5:00 p.m.)

or email a scanned copy to: theviewteencenter@mountainview.gov

Complete application packets are due by Monday, April 2, 2018 by 5:00 p.m. No exceptions will be made.

CONTACT INFORMATION

Last Name: _____ First Name: _____ Middle: _____

School Name: _____ Current Grade: _____

Date of Birth: _____ Today's Date: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Your Cell: _____ Parent's Phone: _____ Parent's Phone: _____

Email (required): _____

Email is our preferred method of contacting you. If you do not have an email address, please create one.

Junior Leader

Questionnaire

Describe the kinds of interactions you've had with children, for example: babysitting, child care, coaching, teaching, mentoring. How will these contribute to your performance in your volunteer assignment?

Please tell us about your present or previous volunteer experiences. What did you learn about yourself from those experiences?

What skills can you bring to Junior Leaders from the activities, hobbies, or volunteering that you like to do? How do they influence who you are?

Junior Leader

Questionnaire cont'd

How will the experience of being in Junior Leaders impact your future?

How did you hear about Junior Leaders ?

Please explain why you have chosen to apply for Junior Leaders :

Junior Leader

I understand that if accepted into Junior Leaders...

- ☐ I will be between the ages of 13-17 over summer 2018.
- ☐ I am committing to a weeklong professional development training during the week of June 4-8, 2018.
- ☐ I am committing to at least one full week of service (35 hours) over summer. *There is the possibility of extending service an additional week if space allows. Please check all weeks for which you are interested in volunteering.*
- | | |
|--|---|
| <input type="checkbox"/> June 11—15, 2018 | <input type="checkbox"/> June 18—June 22, 2018 |
| <input type="checkbox"/> June 25—June 29, 2018 | <input type="checkbox"/> July 2—July 6, 2018 (No camp on 7/4) |
| <input type="checkbox"/> July 9—13 2018 | <input type="checkbox"/> July 16—20, 2018 |
| <input type="checkbox"/> July 23—27, 2018 | <input type="checkbox"/> July 30—August 3, 2018 |
- ☐ I understand that the opportunities available to me as a volunteer include interacting with youth, leading games and activities, attending swim days and field trips, and building professional skills.
- ☐ I am committed to supporting the Recreation Division's mission of "Create Community through People, Parks, and Programs".

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge any false statements or misrepresentation on this application will be cause for refusal or placement or immediate dismissal at any time during the period of my placement. I understand that it is the policy of the City of Mountain View to preserve the right of equal opportunity for all persons, including those with physical, mental or sensory disabilities.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature

In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. Further, I understand that the City of Mountain View, its City Council, employees, agents and volunteers, are not responsible for the personal property of the participants in the class or activity. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. **In addition, I give permission to the City of Mountain View to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City related media .**

By my signature below, I acknowledge that I have read this document and understand its contents.

Parent/Guardian Signature: _____ Date: _____

Junior Leader

Recommendation Form

Teen Applicants Name: _____

School: _____ Current Grade: _____

Your Name: _____

Your email or phone number: _____

Relationship to the Applicant: _____ How long have you known the applicant: _____

| Please rate the teen in the following areas by circling the appropriate number. Below Average | | Average | | Above Average | |
|---|---|---------|---|---------------|---|
| Public Speaking | 1 | 2 | 3 | 4 | 5 |
| Responsibility | 1 | 2 | 3 | 4 | 5 |
| Motivation | 1 | 2 | 3 | 4 | 5 |
| Leadership Capabilities | 1 | 2 | 3 | 4 | 5 |
| Willingness to Learn | 1 | 2 | 3 | 4 | 5 |
| Team Work | 1 | 2 | 3 | 4 | 5 |
| Attitude | 1 | 2 | 3 | 4 | 5 |
| Maturity | 1 | 2 | 3 | 4 | 5 |
| Ability to Follow Directions | 1 | 2 | 3 | 4 | 5 |
| Accepts Criticism | 1 | 2 | 3 | 4 | 5 |

Additional comments:

I (do/do not) recommend _____ for the City of Mountain View teen volunteer program, Junior Leaders.

Signature: _____ Date: _____

Please send recommendation form to Maureen Grzan-Pieracci, Recreation Coordinator
via email to maureen.grzan-pieracci@mountainview.gov or mail to 266 Escuela Avenue, Mountain View, CA 94040.

Junior Leader

Recommendation Form

Teen Applicants Name: _____

School: _____ Current Grade: _____

Your Name: _____

Your email or phone number: _____

Relationship to the Applicant: _____ How long have you known the applicant: _____

| Please rate the teen in the following areas by circling the appropriate number. Below Average | | Average | | Above Average | |
|---|---|---------|---|---------------|---|
| Public Speaking | 1 | 2 | 3 | 4 | 5 |
| Responsibility | 1 | 2 | 3 | 4 | 5 |
| Motivation | 1 | 2 | 3 | 4 | 5 |
| Leadership Capabilities | 1 | 2 | 3 | 4 | 5 |
| Willingness to Learn | 1 | 2 | 3 | 4 | 5 |
| Team Work | 1 | 2 | 3 | 4 | 5 |
| Attitude | 1 | 2 | 3 | 4 | 5 |
| Maturity | 1 | 2 | 3 | 4 | 5 |
| Ability to Follow Directions | 1 | 2 | 3 | 4 | 5 |
| Accepts Criticism | 1 | 2 | 3 | 4 | 5 |

Additional comments:

I (do/do not) recommend _____ for the City of Mountain View teen volunteer program, Junior Leaders.

Signature: _____ Date: _____

Please send recommendation form to Maureen Grzan-Pieracci, Recreation Coordinator
via email to maureen.grzan-pieracci@mountainview.gov or mail to 266 Escuela Avenue, Mountain View, CA 94040.